

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | JP | 20 | 07-01-18 |
| O.I.P.E. CLASSIFIER | | 1118 | 8-20-01 |
| FORMALITY REVIEW | TH | | |
| RESPONSE FORMALITY REVIEW | M.D. | 025 | 01-10-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
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| 4 | 0 | 0 | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

5C 553 NL
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